

CERTIFICATE OF DEATH

REGISTRAR'S NO. 3709

PLACE OF DEATH
AND
RESIDENCEUNCHED
ERIFIEDCEDENT
PERSONAL
DATACAUSE
OF
DEATH
ITEM 18RATIONS,
UTOPSYMEDICAL
IFICATIONDEATH
DUE TO
EXTERNAL
VIOLENCECORNER'S
IFICATIONNERAL
RECTOR
AND
ISTRAR

BIRTH NO.

1. PLACE OF DEATH

A. COUNTY Maricopa

B. LENGTH OF STAY

IN THIS TOWN 62 yrs IN ARIZONA 62 yrs

C. CITY
OR
TOWN Phoenix☒ IN CITY LIMITS
☐ OUTSIDE CITY LIMITS

2. USUAL RESIDENCE

A. STATE Arizona

C. CITY
OR
TOWN Phoenix(WHERE DECEASED LIVED;
IF INSTITUTION: RESIDENCE BEFORE ADMISSION)

B. COUNTY Maricopa

☒ IN CITY LIMITS☐ OUTSIDE CITY LIMITSD. FULL NAME OF
HOSPITAL OR
INSTITUTION Maricopa County General HospitalD. STREET (IF RURAL, GIVE LOCATION) E. IS RESIDENCE ON A FARM?
ADDRESS 315 E. Carol YES ☐ NO ☒3. NAME OF
DECEASED
(TYPE OR PRINT)

A. (FIRST) Victor B. (MIDDLE) Raymond C. (LAST) Brown

4. SEX Male

5. COLOR OR RACE White

6A. MARRIED, NEVER MARRIED,
WIDOWED, DIVORCED (SPECIFY)
Separated

6B. NAME OF SPOUSE

Estelline (sue)

7. DATE OF BIRTH

MONTH 11 DAY 1 YEAR 1901

8. AGE (IN YEARS
LAST BIRTHDAY)

63

IF UNDER 1 YEAR

IF UNDER 24 HRS.

9A. USUAL OCCUPATION (GIVE KIND OF
WORK DURING MOST OF LIFE EVEN IF RETIRED)

Proprietor

9B. KIND OF BUSI-
NESS OR INDUSTRY
Lumber10. BIRTHPLACE (STATE
OR FOREIGN COUNTRY)
Kansas11. CITIZEN OF WHAT
COUNTRY?
USA12. WAS DECEASED EVER IN U. S. ARMED FORCES?
(YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE)
No13. SOCIAL SECURITY
NO.
526-18-766114A. FATHER'S NAME
Franklin Brown14B. BIRTHPLACE
(STATE OR COUNTRY)
Missouri15A. MOTHER'S MAIDEN NAME
Nancy Ann Hancock15B. BIRTHPLACE
(STATE OR COUNTRY)
Kansas

16. INFORMANT'S SIGNATURE

Taken from Grimshaw Mortuary Records

17. DATE
OF
DEATH(MONTH) (DAY) (YEAR)
September 15, 1965

18. CAUSE OF DEATH

ENTER ONLY ONE CAUSE PER
LINE FOR (A), (B), (C).THIS DOES NOT MEAN THE
MODE OF DYING, SUCH AS
HEART FAILURE, ASTHENIA,
ETC. IT MEANS THE DISEASE,
INJURY, OR COMPLICATION
WHICH CAUSED DEATH.

PLACE DISEASE CONTRACTED.

I. DISEASE OR CONDITION
DIRECTLY LEADING TO DEATHANTECEDENT CAUSES
MORBID CONDITIONS, IF ANY,
GIVING RISE TO THE ABOVE
CAUSE (A) STATING THE UN-
DERLYING CAUSE LAST.II. OTHER SIGNIFICANT CONDITIONS
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT
RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

MEDICAL CERTIFICATION

(A) Cardiac arrest

DUE TO (B) Myocardial infarction

DUE TO (C) Occlusion of coronary artery

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM June 12 65 TO Sept. 15 65, THAT I LAST SAW THE DECEASED
ALIVE ON Sept. 15 65, AND THAT DEATH OCCURRED AT 8:10P M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE

(DEGREE OR TITLE)

22B. ADDRESS

3435 W. Durango, Phx., Arizona

22C. DATE SIGNED

9/16/65

23A. ACCIDENT
SUICIDE
HOMICIDE
NATURAL CAUSE
(SPECIFY)23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME,
FARM, FACTORY, STREET, OFFICE BLDG., ETC.)

23C. (CITY OR TOWN) (COUNTY) (STATE)

23D. TIME (MONTH) (DAY) (YEAR) (HOUR)
OF
INJURY23E. INJURY OCCURRED
WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

23F. HOW DID INJURY OCCUR?

24A. CORONER'S SIGNATURE

24B. ADDRESS

24C. DATE SIGNED

25A. BURIAL ☒
CREMATION ☐ REMOVAL ☐25B. DATE
9-18-6525C. NAME OF CEMETERY OR CREMATORY
Greenwood Memorial Park25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE)
Phoenix, Arizona26A. DATE REC.
BY LOCAL REG.
9/17/65

26B. REGISTRAR'S SIGNATURE

27A. FUNERAL DIRECTOR'S SIGNATURE

27B. ADDRESS
Grimshaw Mortuary

28A. EMBALMER'S SIGNATURE

28B. EMBALMER'S
CERT. NO. 408A